

MI BEI/QA REGISTRATION/RENEWAL FORM SIGN LANGUAGE INTERPRETER **CERTIFICATION PROGRAM**

INTENTIONALLY LEFT BLANK FOR OFFICE USE ONLY!

Deaf Persons' Interpreters Act 1982 PA 204 as amended 2007

Department of Energy, Labor & Economic Growth Michigan Commission on Disability Concerns Division on Deaf and Hard of Hearing

\$30.00 for Legislatively Mandated Registration/Annual Renewal Fee. (C3 Account Code 8070)

INSTRUCTIONS:

- Type or print legibly with black or blue ink only. Provide a response or write "N/A" (Not Applicable).
- Enclose the appropriate renewal fee (no cash)payable to "State of Michigan" US mail only to:

Division on Deaf and Hard of Hearing Attn: Interpreter Registration/Renewal 201 N. Washington Sq. Suite 150

Lansing, MI 48913

- Fees are not refundable except for circumstances set forth in the Regulations Governing the Practice of Interpreting as applied to 1982 PA 204 amended 2007.
- Include all supporting documents as indicated on the checklist. Failure to complete the registration/renewal form in full or omit required documents may cause processing delays.
- Sign and date your renewal form where indicated. Registrations/renewals without a signature will result in delayed registration.
- Keep a copy of your completed registration/renewal form.
- Additional information regarding Rules and Regulations can be found on our website (www.michigan.gov/mdcr) upon completion of the rules promulgation process.
- Once the registration/renewal information has been received and processed, your credentials will be updated online and a new interpreter certification card will be sent to you.

SECTION I: PERSONAL INFORMATION You must notify DODHH in writing of any contact information changes after filing this renewal form to receive any further information. Failure to notify

any liability in relationship to the Michigan Deaf Persons' Interpreters Act (PA 204 of 1982 amended 2007). If you are currently listed online please check the directory listing for accuracy.										
I verify my contact information is correct. □										
My contact information needs to be updated with the following corrections. \Box										
	T									
NAME (Last, First, Middle Initial):	EMAIL ADDRESS:									
ADDRESS (Street Number and Street Name):	CITY:	STATE:	COUNTY	ZIP CODE:						
HOME PHONE (With Area Code):	BUSINESS PHONE:									
CELL OR TEXT NUMBER:	VIDEOPHONE:									

SECTION II: RENEWAL OF Check only one box below a				s needed for ea	ach category.				
Check only one box below and complete additional information as needed for each category. ☐ First-time registration of MI BEI credential ☐ Renewing MI BEI credential									
(Skip SECTION III & IV)	N III & IV) Renewing QA credential (Complete SECTION III & IV)								
SECTION III: RENEWAL IN			,		,				
Please circle your renewal y									
SECTION IV: RECORD OF ANNUAL PROFESSIONAL DEVELOPMENT ACTIVITIES*									
CLASS/ EVENT TITLE? PRESENTER/	DATE AND TIMES	GENERNAL STUDIES OF	•	NUMBER OF UNITS	CERTIFICATE OF ATTENDANCE				
ORGANIZER NAME(S)?	(START/END)	PROFESSIO STUDIES?		EARNED?	ATTACHED?**				
*Please attach additio **The Division will no are attending an even	longer accept sig	ned program b	ooklet	ts or advertise	ments of events. If you				
	stration/renewal f out to "State of N tendance and / or	/lichigan".	ıpprov	al by DODHH					
Print Name:									
Signature of Applicant	Signature of Applicant: Date:								
Interpret 201 N. V	val form, paymen on Deaf and Harder er Registration/R Vashington Squa MI 48913	d of Hearing enewal		cumentation to	: (877)499-6232				

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

11/24/2010

Division on Deaf and Hard of Hearing

POLICY FOR TEST APPLICATIONS, CREDENTIAL RENEWALS AND CREDENTIAL REGISTRATIONS FOR STATE OF MICHIGAN SIGN LANGUAGE INTERPRETERS

The Division on Deaf and Hard of Hearing (DODHH) does not accept test applications, credential renewals or credential registration paperwork or any payments in the DODHH office. This is for the safety and security of our staff and to assure that payments are properly accounted for as well as an accounting policy.

All DODHH test applications, credential renewals or credential registrations must be mailed through the US Post Office for processing and will be delivered to the State of Michigan mailroom. *Please use the mailing address listed on the respective forms, which is the DODHH mailing address. Once received at the mailroom the paperwork is then transferred to the State of Michigan Cashier's office for payment deposit and confirmation then sent to the DODHH office for final processing. PLEASE NOTE: This process can take up to 10 to 14 business days or more depending on state observed holidays.

*Sending paperwork through priority mail options may not expedite the total process.

Thank you for your cooperation and assistance.

Division on Deaf and Hard of Hearing

June 10, 2011